

State of CA Request for Long Term Rental		
Request Information		
Department/Agency:		
Contact Name:		
Contact Phone Number:		
Contact Email:		
Reason Long Term Rental is being requested:		
Donautment Annueval		
Department Approval		
Rental Approved By:		
Date Approved:		
D 4 I T C 4		
Rental Information		
Driver's First and Last Name:		
Driver's Phone Number:		
Driver's Email Address:		
Start Date of Rental:		
Estimated Length:		
Vehicle Type Required:		
OFAM Approval		
Approved By:		
Date Approved:		
Approved from and to:	Start:	End:
Once all fields have been completed please email to the Statewide Travel Program at		
State	ewideTravelPro	ogram@dgs.ca.gov